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THE INFORMED PATIENT  
By LAURA LANDRO



## Doctors Learn to Say 'I'm Sorry'

Patients' Stories  
Of Hospital Errors  
Serve to Teach Staff  
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When 6-year-old Jill Hartel was hospitalized toward the end of a long battle with leukemia, her mother woke up from a fitful sleep at her daughter's bedside, horrified to find a nurse administering an intravenous dose of Benadryl, though a medication allergy was clearly marked on her medical chart.

More than 12 years after Jill's death from complications unrelated to the error, her parents, Lisa Alecci and Steve Hartel, who work and live in the Boston area, say they can't forget the cold treatment they suffered at the hands of hospital staffers, who among other things, failed to transfer her medical chart from the emergency department, and excoriated her distraught father for failing to alert them to the allergy. "I still double over in tears when I think of the way they tried to blame us," says Ms. Alecci. "No one ever came back to apologize either for giving the drug or for the way it was handled, which was as bad as the error."

### What to Expect After a Medical Error

New policies aim to improve communication while reducing malpractice costs

- **Disclosure:** full accounting of what went wrong and why; medical staff and administrators available to answer questions
- **Documentation:** medical records and charts quickly provided to patients, families and attorneys
- **Apology:** responsible doctors, nurses and clinical staff admit fault and apologize to patient and family members
- **Solution:** explanation of how hospital will avoid making the same error in future
- **Compensation:** quick and fair financial offer if unreasonable care causes medical injuries

Source: Sorry Works! Coalition

The couple are among a number of families and patients who agreed to share such experiences -- without identifying themselves or the hospitals involved -- for "When Things Go Wrong: Voice of Patients and Families," a new training film for medical staffers financed in large part by Crico/RMF, the patient safety and medical malpractice company that covers 18 hospitals and 10,000 physicians affiliated with Harvard Medical School. Though their harrowing stories about being stonewalled or ignored

after suffering grievous injuries such as botched operations and life-threatening medication errors are sure to make doctors uncomfortable, the film's creator, Tom Delbanco, a Harvard medical professor and physician at Boston's Beth Israel Deaconess Medical Center, says the "bad news" stories make the most powerful teaching cases to show clinicians how they often avoid and isolate patients at the time they are needed most.

"We need to shock doctors out of their complacency about what's happening from the patient's perspective," adds Luke Sato, chief medical officer of Crico/RMF, which will provide copies of the DVD and training manual free for seminars and courses within the Harvard system and sell it to others for \$237 to \$395 based on the number of copies via its Web site ([rmf.harvard.edu](http://rmf.harvard.edu)<sup>1</sup>). Dr. Sato says the aim is to help doctors better understand the impact of medical errors and the importance of apology, but also to prevent such errors from happening in the future.

Over the past few years, the "disclosure and apology" movement has spread rapidly in health care, as a growing number of states pass laws protecting a doctor's apology from being used at trial, and as more hospitals adopt policies requiring that doctors and nurses promptly disclose errors and apologize to patients and families when warranted. But getting doctors and other medical staffers to drop their traditional reluctance to face patients they've harmed, and to overcome their fear of reprisal, has proven a tougher task -- especially since the very legal departments and risk managers that are now encouraging open communication have long stressed "defend and deny" policies that often threw up a wall of silence after a medical error.

Now hospital risk managers and insurers are taking a different tack, in part because of mounting evidence that disclosure and apology programs, which often include an up-front offer of a financial settlement, can sharply reduce malpractice costs.

At the University of Michigan Health System, which adopted new policies encouraging full disclosure of errors and apologies to patients when warranted, the number of presuit claims and lawsuits has dropped from 260 pending in July 2001 when it implemented the new approach to malpractice claims, to fewer than 100 pending at present. The average legal expense per case is also down more than 50%, according to chief risk officer Richard Boothman, whose department works closely with physicians after a medical error or adverse event to discuss how to handle communication with patients. "Many doctors really want to be open and apologize to patients, but are led to believe it can end up in financial disaster, when the truth is quite the opposite," Mr. Boothman says.

Using real patients in training programs to get the message across can be more effective than dry lectures or simulations using actors, which often don't pack the same emotional punch. Mr. Boothman is asking patients who have experienced a medical error or other problem such as a delay in diagnosis to speak about their experiences on video for use in training workshops, including a woman whose breast cancer went undiagnosed for 2½ years and hired a lawyer to explore a claim, but later agreed to a

settlement that included a college fund for her children. "When I talk to doctors, it is these personal stories that affect them far more than a power-point presentation with numbers and grids," Mr. Boothman says.

Another effort, the Sorry Works! Coalition, a nonprofit group that includes doctors, lawyers, insurers and patient advocates, was launched in February 2005 by Doug Wojcieszak, a political and public-relations consultant whose brother died after a medical error in a Cincinnati hospital in 1998. Though the family won a lawsuit, "We still grieve that the doctors never sought us out and apologized," he says. The coalition ([sorryworks.net](http://sorryworks.net)) works with state pilot programs and insurance companies to promote full disclosure and apologies as a solution to the malpractice crisis, focusing on a protocol that requires health-care providers and their insurers to apologize if an analysis shows that an error took place or a standard of care wasn't met -- admitting fault, providing an explanation of what happened and how the hospital will ensure the error isn't repeated, and offering compensation.

For patients and families such as the parents of Jill Hartel who have been affected by medical error, the opportunity to educate doctors about how to admit fault and express remorse through such educational programs as "When Things Go Wrong" can help ease the pain of feeling victimized by the health-care system. "Doctors have had it drilled into them for so long that if they ever admitted any kind of mistake, they would get sued, and they desperately need to understand that isn't the case," says Mr. Hartel, "Anything I can do to help one or more doctors get the importance of compassion will benefit me and hopefully will benefit them."